

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 18 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35572**
Registrar's No. **78-77**

Registration District No. **32**

Primary Registration District No. **4042**

1. PLACE OF DEATH:

(a) County Bell

(b) City or town Lebanon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mouser Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

In this community 4 months

3. (a) PRINT FULL NAME C. P. Smith

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male **5. Color or race** White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Annie J. Barron

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 12 25 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>17</u>	_____ hr. _____ min.

9. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer + School Teacher

11. Industry or business Teacher

12. Name James H. Smith

13. Birthplace Marshall Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles J. Barron

(b) Address Sibeston, Mo.

17. (a) Burial **(b) Date thereof** 11-13 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo.

18. (a) Signature of funeral director Coy Shetty

(b) Address Lebanon Mo.

19. (a) Nov. 11, 1948 **(b)** Willie Carlsburg
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cop. Cooper

(c) City or town Boonville Mrs.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th
year 1948 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on 11/10/48
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive hemorrhage
Due to Carcinoma of Stomach

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 46B

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature John J. Morris (M. D. or other) BO

Address Lebanon Mo. **Date signed** 11/14/48

RECEIVED

District Health Officer No. 4

District File Number 1148-142

Date Filed 11-17-48

NOV 18 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard L. Norman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.